

**VIRGINIA DEPARTMENT OF FORESTRY  
FORESTRY GRANT PROGRAM  
REQUEST FOR REIMBURSEMENT**

**Grant Recipient:** \_\_\_\_\_ **Project Title:** \_\_\_\_\_

**Make Treasury Check Payable To:**

**Organization Name:** \_\_\_\_\_

**Federal Id. No.:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**City/State:** \_\_\_\_\_

**Zip Code:** \_\_\_\_\_

**Telephone No.:** \_\_\_\_\_

**From:** Virginia Department of Forestry  
900 Natural Resources Drive, Suite 800  
Charlottesville, VA 22903  
Office Phone: (434)977-6555

**Grant Number:** \_\_\_\_\_

*Reimbursement for documented expenses will be made when costs are approved. The grantee will consolidate requests for payment when a significant dollar amount is accumulated.*

**Amount Requested** (Line E): \_\_\_\_\_

**COMPUTATION OF AMOUNT OF REIMBURSEMENT**

**Grant Period:** From \_\_\_\_\_ To \_\_\_\_\_

**Total Award(\$)** \_\_\_\_\_

**A. Total Project Expenditures to Date:** \_\_\_\_\_

**B. Grantee Share or Match:** \_\_\_\_\_

**C. Federal Share:** \_\_\_\_\_

**D. Federal Payments Previously Requested:** \_\_\_\_\_

**E. Federal Share Now Requested** (Line C minus Line D): \_\_\_\_\_

**FINAL REPORT:**

☐ Yes ☐ No

If yes, then enter

**DATE PROJECT COMPLETED:** \_\_\_\_\_

**TOTAL PROJECT EXPENDITURES**

**Must be broken down into the category(ies) of expenditures listed below:**

<b><u>CATEGORY</u></b>	<b><u>AMOUNT</u></b> (including in-kind match)	<b><u>CATEGORY</u></b>	<b><u>AMOUNT</u></b> (including in-kind match)
1) Personal Services	_____	6) Other (Specify):	_____
2) Travel	_____		_____
3) Supplies and Materials	_____		_____
4) Contractual Services	_____		_____
5) Equipment	_____		_____

**TOTAL PROJECT EXPENDITURES** (sum of 1-6 above) \_\_\_\_\_

**Total Federal Share** ( \_\_\_\_\_ %)

**Total Grantee Share** ( \_\_\_\_\_ %)

*If necessary, provide more detail using additional sheets.*

I certify that this Request for Funds has been requested in accordance with the terms and conditions of the U.S. Forest Service and the rules and regulations set up by the United States Office of Management and Budget. I also certify that matching requirements have been met and documentation for the funds being requested will be available for audit. I also certify that the data reported is correct and that the amount of the Request for Funds is not in excess of immediate disbursement needs (30 days).

**Requested By:** \_\_\_\_\_  
(Sub-Grantee) **PRINT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**DOF Approval:** \_\_\_\_\_  
**PRINT NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_ **SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_